

TITLE X - FAMILY PLANNING

FY 2001 Performance Plan, Revised Final FY 2000 Plan and FY1999 Performance Report

The Title X program is the only Federal program solely committed to reproductive health, with a primary function of reducing unintended pregnancy through the provision of a broad range of effective and acceptable family planning methods and services on a voluntary and confidential basis to all persons desiring such services. Other sources of funding supplement the Title X grant program to support the total cost of client care. Altogether in 1998, Title X service grantees reported total revenues of \$708 million to support the provision of family planning services, serving 4.4 million clients. Half of these funds come from federal sources, including federal grants (including 25 percent from Title X grants) and Medicaid reimbursements. The remaining half of all revenues come from other sources such as state and local funds, patients fees and third party collections. The distribution by funding source varies by regions.

The Title X program also supports three key functions aimed at assisting clinics in responding to clients needs: (1) training for family planning clinic personnel through general training programs, as well as training for clinicians; (2) information dissemination and community-based education and outreach activities; and (3) research to improve the delivery of family planning services.

The program is administered by the Office of Population Affairs (OPA) within the Office of Public Health and Science (OPHS), although its budget line is located within the Health Resources and Services Administration (HRSA) appropriation. Therefore, the OPA family planning program efforts are reflected in two performance plans -- (1) generally described in the program office contributions toward the priorities contained in the OPHS performance plan and (2) in the detailed program specific measures contained in the HRSA-wide performance plan.

The program included in this section is:

2.31 Title X - Family Planning

FY 2001 Performance Plan, Revised Final FY 2000 Plan and FY 1999 Performance Report

2.31 Program Title: Title X- Family Planning

Performance Goals	Targets	Actual Performance	Reference
I. ELIMINATE BARRIERS TO CARE A. Increase Utilization for Underserved Populations 1. Increase the number of service demonstration grants in the family planning program focusing on underserved populations, including males, adolescents, substance abusers incarcerated populations.	Male Grants FY 01: 15 (revised) FY 00: 15 (revised) FY 99: 15 Adolescent Grants FY 01: 8 (revised) FY 00: 8 (revised) FY 99: 8 Substance Abuse Grants FY 01: 3 FY 00: 1 (revised) FY 99: 1 Incarcerated Grants FY 01: 6 (revised) FY 00: 3 (revised) FY 99: 3	FY 01: FY 00: FY 99: 15 FY 98: 17 FY 97: 10 FY 01: FY 00: FY 99: 8 FY 98: 15 FY 97: 10 FY 01: FY 00: FY 99: 1 FY 01: FY 00: FY 99: 3 FY 98: 1	B244

Performance Goals	Targets	Actual Performance	Reference
C. Focus on Target Population 1. Increase the number of individuals served by Title X clinics.	FY 01: 5.75 million FY 00: 5.25 FY 99: 6.0	FY 01: FY 00: FY 99: 5.0M est. (11/00) FY 98: 4.283 FY 97: 4.362 FY 95: 4.400 million	B244
IV. IMPROVE PUBLIC HEALTH AND HEALTH CARE SYSTEMS B. Promote Education and Training of the Public Health Workforce 1. Improve skill level of all clinic personnel through continuing education	FY 01: 21,000 trained FY 00: 21,000 FY 99: 21,000	FY 01: FY 00: FY 99: FY 98: 21,000	B244
Total Funding: Family Planning (\$ in 000's)	FY 2001: \$273,932 FY 2000: \$238, 932 FY 1999: \$214,932 FY 1998: \$202,903	B x: page # budget HP: Healthy People goal	

2.31.1 Program Description, Context and Summary of Performance

The Title X program is the only Federal program solely dedicated to family planning and reproductive health with a mandate to provide “a broad range of acceptable and effective family planning methods and services.” The program supports a nationwide network of over 4,600 clinics and provides reproductive health services to approximately 4.4 million persons each year. In addition to contraceptive services, Title X also supports a broad range of prevention-oriented reproductive health care activities, including counseling, routine gynecological care, hypertension screening, reproductive cancer screening, and testing and treatment for sexually transmitted diseases.

Title X service funds are allocated to the ten DHHS Regional Offices which, in turn, manage the competitive review process, make grant awards and monitor program performance. In 1999, eighty-

three service grantees, including States, family planning councils, Planned Parenthood affiliates and other public and private entities provided comprehensive family planning and reproductive health services to a nationwide network of clinics. Forty-nine grantees are State or local health departments.

The Title X program also supports three key functions aimed at assisting clinics in responding to client needs: (1) training for family planning clinic personnel through programs in each of the ten DHHS regions, as well training programs focused on health practitioners; (2) information dissemination and community-based education and outreach activities; and (3) research to improve the delivery of family planning services.

The program enacted in 1970 as a response to socioeconomic disparities in unintended pregnancy, gives priority to low-income persons and is based on principles of voluntariness and comprehensiveness. Title X-funded services, available regardless of ability to pay, help ensure access to necessary reproductive health care for poor and low-income persons, a population which is disproportionately composed of racial and ethnic minorities. Title X has also long served as an entry point into the health care system, as well as a source of primary health care services, for this population. Additionally, the sexuality and contraceptive counseling and services available in all Title X funded clinic settings promote responsible sexual behaviors, as well as help couples space births and plan intended pregnancies, an important element in ensuring positive birth outcomes and a healthy start for infants.

In FY 2001 the program is committed to improving and expanding service delivery for its target population, addressing HIV prevention among women, and increasing utilization of services for underserved populations. An increasing demand for subsidized reproductive health services, coupled with advancing technologies require substantial Title X service expansion if the program is to remain accessible and maintain high standards of care. In addition, Title X serves a population at increasing risk for HIV infection -- young, low-income and minority women. The program already has both the clinical facility and focus necessary to deliver effective HIV prevention services and it is imperative that a concerted prevention effort in this area be undertaken. Finally, social and cultural barrier to reproductive health services still exist for many populations. Title X currently has a number of initiatives in place to reach these underserved groups and plans to continue to expand them.

The Title X family planning program works in partnership with a variety of Federal and external partners, including State and local governments, national professional organizations, community-based organizations, and minority organizations. Collaboration will continue as we continue to work with existing partners and pursue new linkages. Examples of family planning partnerships include:

- Ongoing collaborative efforts with CDC in regional infertility prevention projects and HIV training in family planning clinics.

- Membership in the STD Prevention Partnership, a public-private consortium, managed through CDC.
- Sponsorship of activities with crosscutting benefits such as funding for and analysis of data from the National Survey of Family Growth (NCHS/CDC), the National Survey of Adolescent Males (Urban Institute) and the ADD Health Survey (NICHD/NIH).
- Projects with community-based organizations to examine ways in which to deliver reproductive health services to adolescent and young men.
- A partnership with the Bureau of Prisons, DOJ, to develop a pre-release videotape on health issues, including reproductive health, for individuals re-entering the community.
- Contributing partner to the SAMHSA national conference on women which brings together multiple disciplines to promote the health and well-being of women affected by substance abuse and mental illness.

2.31.2 Goal-by-Goal Presentation of Performance

Goal I.A.1 Increase the number of service demonstration models in the family planning program focusing on underserved populations including males, adolescents, substance abusers, incarcerated populations and the homeless.

Context:

Even if all clients were insured, social and cultural barriers to accessing services still exist for many populations. These underserved populations include males, adolescents, substance abusers, the homeless and incarcerated persons. The Title X program will continue and expand its ongoing efforts to increase utilization of services for males and adolescents, as well as to begin new efforts on behalf of other populations, including substance abusers, the homeless and incarcerated populations. In FY 2001, the OPA plans to further expand this effort through targeted emphasis on underserved populations.

Males – The family planning program is committed to increasing services to males, emphasizing shared responsibility for preventing unintended pregnancy and STD/HIV infection. Title X is required, by statute, to provide reproductive health services to all persons who desire them; service data consistently show that only 2 percent of persons receiving Title X services are male. One important reason for this failure to recruit and serve males, despite growing a consensus that it is essential to do

so, is the fact that reproductive health services have been traditionally targeted to women and it has been extraordinarily difficult to draw men into the clinical setting. In response to this, in FY 1998, a total of 17 community-based organizations, already providing a variety of services to males, have been funded through the Title X program to examine ways to deliver reproductive health education and services to adolescent and young men.

Adolescents – The Title X program intends to place increased emphasis on services to adolescents, including education and counseling to postpone initiation of sexual activity and more accessible provision of contraceptive counseling and services for those who are already sexually active. Title X, through both statute and regulation, is well placed to provide these services. The program is required to provide comprehensive reproductive health services to *all* persons who desire them; there are no restrictions by age or by type of service. Currently, approximately 30 percent of those receiving services in Title X clinics are less than 20 years of age—most are already sexually active and are thus receiving family planning counseling and services. There is still, however, a large segment of the adolescent population who are either not yet sexually active and could benefit from counseling to continue postponing sexual activity, or who have recently become sexually active and need counseling and services to prevent unintended pregnancy and STD/HIV infection.

Substance Abuse, Homeless and Incarcerated Populations – Other underserved populations to be addressed include substance abusers and homeless and incarcerated persons. In finding effective ways to overcome barriers to services experienced by these multi-problem clients, the Title X program will research and develop focused information and education materials, communication and outreach strategies specific to targeted populations, ways to meet unique service delivery requirements, and opportunities for partnerships with entities that have related interests and that work with similar populations.

Performance:

OPA and regional reports indicate that the number of hard to reach grants has remained fairly constant. The targets for male, adolescent and substance abuse projects have been revised to reflect actual grants, rather than project activities. The measure for homeless projects has been deleted since these are project efforts conducted as part of ongoing service grants, and are not identifiable as a distinct special population grant. The program is planning to expand on these ongoing efforts to serve male and adolescents. and to begin new efforts with other hard-to-reach populations. The number of grants number of grants is expected to remain constant, but the number of hard-to-reach projects is expected to increase (grantees may have multiple subcontractors or projects).

Indicator: Number of service demonstration models focusing on underserved populations, including male, adolescents, substance abusers, incarcerated and homeless.

Data Issues:

Information was gathered by a review of grants funded by the Office of Population Affairs and by direct inquiry to the regional offices. With the expansion of special projects, the Title X program intends to develop more specific measures other than just the number of grants. The program will be exploring mechanisms for obtaining more uniform and detailed information about the types of services provided in these special grants, as well as the clients served.

Goal I.C.1 Increase the number of individuals served by Title X programs. (Baseline: 4.4 million women served in FY 1995).**Context:**

The fundamental purpose of the Title X program is to provide reproductive health education and services to all persons who desire them. Substantial service expansion is necessary if the program is to remain accessible to increased numbers of clients and maintain its high standards of care, as well as cope with the rising costs of providing services. Other sources of revenue supplement the Title X grant program to support the total cost of client care. Nationally, half of these revenues come from federal grants (25% from Title X) and Medicaid. The other half of all family planning revenue comes from State and local sources, patient fees and private insurance. To increase the number of individuals served, it is essential that Title X program continue to partner with other funding sources in order to support the overall cost of client care.

Title X family planning providers continue to struggle to provide quality contraceptive and reproductive health care to as many people as possible, and several significant factors have played a role in the constant levels of clients reported served in the program. As the population needing subsidized reproductive health care expands, due in part to the growing number without public or private health insurance coverage, demand for Title X services has also increased. These services are provided without regard to an individual's ability to pay, and if the person's income is below the poverty level, the services are free of charge. The relatively high – and increasing – cost of the most effective contraceptives, particularly hormonal implants and injectables, impacts on the program's ability to expand services to more clients. These methods are extremely effective but have high up-front costs as compared to oral contraceptives. Providing one woman with an injectable for a year is more expensive than providing three women with an annual supply of oral contraceptives – making it difficult to accommodate new clients. The higher cost for skilled personnel and advanced diagnostic technologies also contribute to the increase in the overall cost of providing services. The rising costs of pap smears and improved STD screening and detection techniques make it difficult to provide such services to all clients.

Performance:

For the baseline year 1995, Title X reported serving 4.4 million persons. 1997 and 1998 data from

the Family Planning Annual Report (FPAR) show the overall level of family planning users remaining constant. 1999 data on family planning users will be available in the Fall, 2000. The estimated targets have been revised to reflect more realistically the fact that the overall number of clients nationwide has remained stable in recent years and is not expected to increase without targeted resources. The FY 00 target is based on a new projected FY 99 performance of 5.0 million. The program has received a substantial increase of \$25 million in FY 2000 with the goal of serving substantially increased numbers of clients. For this goal to be met it is essential that Title X family planning programs continue to partner with other funding sources in order to support the overall cost of client care.

Baseline: FY 1995: 4,400,686
 FY 1996: 4,451,151
 FY 1997: 4,362,520
 FY 1998: 4,283,559
 FY 1999: 6.0 million* (est. 5.0 M)
 FY 2000: 5.25 million* (Revised from 6.5 million)
 FY 2001: 5.75 million

Data Issues:

Considering the increased demand for Title X subsidized services, the characteristics of the populations most in need of services and the increasing costs for providing those services, it is becoming quite clear that measuring program performance on client counts alone is not adequate. Thus, the program will be considering revisiting the program goals, as well as revisions to the data collection system to capture better program information.

Goal IV.B.1 Improve skills level of all clinic personnel through continuing education.

Context:

Consistent with its mandate, Title X supports training programs designed to enhance the quality of family planning services providers. The program supports two types of training activities: (1) support for general training and specialized technical assistance available to all family planning personnel assistance and (2) training specifically designed for clinical personnel.

Since the early 1970s, the Title X program has supported certificate nurse practitioner programs to prepare registered professional nurses in Title X agencies. However, several changes have resulted in a shift in the program's approach to training clinical providers for the Title X system. Given the declining number of applicants for Title X nurse practitioner training over the past five years, and the fact that States moving toward requiring a masters degree for nurse practitioner practice, certificate

training of nurse practitioners for Title X agencies will no longer be a viable option. In recognition of these changes, and in an effort to maintain and enhance the quality of family planning service delivery in the Title X system, the traditional nurse practitioner training is being phased out and replaced with a program of specialty training. The specialty training will provide in-depth family planning and women's health information and clinical training to a broader range of health care providers (such as masters prepared family or adult nurse practitioners, physicians assistants, Doctors of Medicine or Doctors of Osteopathy). As the nurse practitioner training phases out and the specialty training programs begin implementation, we will be better able to assess the number of specialty courses offered, the content of that training, and the numbers and types of providers being trained.

Performance:

For FY 1999 and FY 2000, no increase was projected in the number of clinical personnel to receive training, based on a shift in training priorities. Additional emphasis is being placed on training around electronic technology and distance learning which will require specialized training techniques. Reports from the regional offices show that the numbers of trainees is remaining relatively constant.

FY 1998: 21,000 clinic personnel obtained training

FY 1999: 21,000

FY 2000: 21,000

FY 2001: 21,000 target

Indicator: The number of individuals participating in Title X general training programs.

Data Issues:

Both the general training and the nurse practitioner training programs are undergoing changes which will affect our ability to measure this goal. In order to more efficiently address the change in training needs for each individual region, the we recently shifted administration of the Title X general training grants from OPA to the regional offices.

Data Collection and Validation:

C Number of Title X Service Clients – Family Planning Annual Report

All service grantees receiving funding under the Title services program are required to submit annual data on the number of family planning users by selected demographic characteristics, contraceptive method adopted or used at the time of last visit, number of Pap smears, breast exams and STD tests, staffing profiles, and funding sources. The responsibility for the collection and tabulation of annual service data from Title X grantees rests with the Office of Population Affairs, which is responsible for the administration of the program. Reports are submitted annually on a calendar year basis (January 1 - December 31) to the regional offices.

Grantees reports are tabulated and an annual report prepared summarizing the regional and national data. The annual reports present information on the methodology used both in collection and tabulation of grantee reports, as well as the definitions developed and provided by OPA to the grantees for use in completing data requests. In the 1998, national totals and regional highlights are discussed and, in some cases, trends between 1995 and 1998 are mentioned. Also included in the report are lengthy notes that provide detail regarding discrepancies between what OPA requested and what individual grantees were able to provide. All data inconsistencies and their resolution are noted in an appendix to the report. These are included for two reasons: (1) to explain how adjustments were made to the data, and how discrepancies affect the analysis and (2) to identify the problems grantees have in collecting and reporting the requested in hope of improving the process.